



November 25, 2013

Health and Medicine Policy Research Group

Via email, info@hmprg.org

To Whom It May Concern,

Please accept our comments on the concept paper for the Illinois 1115 Waiver. CSH, a national leader in the supportive housing movement, is excited and encouraged at the proposed emphasis on supportive housing services and production. We strongly agree that housing is essential to achieving improved health and better overall outcomes for the most vulnerable and the communities in which they live.

We offer the following comments and recommendations on the initial concept paper.

Pathway 1: HCBS Infrastructure, Choice, and Coordination

- We understand that the State of Illinois wishes to request direct financial support through Medicaid for supportive housing.
 - CSH suggests that the 1115 Waiver more clearly state that supportive housing assistance (in the form of additional rental assistance) would be targeted to specific subpopulations of vulnerable persons who are homeless with disabilities and/or chronic medical conditions, who are at-risk of homelessness with disabilities, or are at-risk for institutional care due to a lack of alternative affordable housing options. We believe that by state
 - CSH also suggests that supportive housing assistance could be proposed to function similar to the state Bridge Rental Assistance program administered through the IDHS- Division of Mental Health. While assistance has no end date, persons are required to apply for other appropriate supportive housing/rental assistance programs for which they are eligible.
- We understand that the State of Illinois is planning to expand supportive housing services.
 - In the 2011 Illinois Medicaid Crosswalk Report published by CSH, Heartland Health Outreach, and Health and Disability Advocates we called for an increase in the type of services funded through Medicaid that are essential for supportive housing programs. The majority of these services fall under “tenancy supports” and case management programming. *Please see attached report for more information.*
 - CSH is concerned about the current mismatch in system expertise around delivering supportive housing services. Many Medicaid billing agencies in various need areas are unfamiliar with delivering home-based services. Services in the supportive housing setting are unique and require a skills in working with housing owners/managers and maintaining

personal independence and living skills to sustain the housing unit. At the same time the majorities of supportive housing providers are not connected into Medicaid billing structures and would need to build that capacity or have flexibility in billing partnerships.

- Attached is a presentation related to the State of Washington and provider qualifications to deliver supportive housing services. We hope this will provide insight into possibilities to maintain Medicaid provider standards and at the same time open the door for qualified supportive housing providers to enter into the State's ideal service delivery structure.
- CSH is concerned at the use of the DSRIP because it may be difficult for individual providers to shoulder the burden of fundraising for housing assistance. Also, there may be temptation for providers to identify and access inappropriate, non-supportive/independent settings and pass them off as supportive housing to receive the bonus structure. Consideration to those quality controls is important.

Pathway 2: Delivery System Transformation

- CSH agrees with the concept that the State needs to incentivize and move to closure of nursing facilities such as Institutes for Mental Disease.
- The concept as proposed should be re-reviewed in light of the Specialized Mental Health Rehabilitative Services as attached to Medicaid Expansion. At this point the state will allow use of this reincarnation of nursing homes. The waiver should advocate for clear savings of state dollars in this area.

We look forward to providing additional information and comments as the 1115 Waiver continues to fruition. Please feel free to contact me at 312.332.6690 or betsy.benito@csh.org.

Regards,

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